STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G496	A. BUILDING 00 B. WING	08/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONA VISTA PROGRAMS INC	2333 WESTDALE CT KOKOMO, IN 46902

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W0000	This visit was for an annual fundamental recertification and state licensure survey. Dates of survey: August 29, 30, and 31, 2012 Facility Number: 001010 Provider Number: 15G496 Aims Number: 100245040 Surveyor: Kathy Craig, Medical Surveyor III These deficiencies also reflect state findings under 460 IAC 9. Quality Review was completed on 9/7/12 by Tim Shebel, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W0104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the governing body failed to exercise general direction over the facility by not ensuring 2 of 4 sampled clients' (client #1 and #3) bedroom carpet was kept clean and free of stains. Findings include: Observations were conducted at the group home on 8/30/12 from 6:32 AM to 8:00 AM. In client #1 and #3's bedroom, their was a light tan carpet. The carpet had one foot long dark stain in front of client #3's bed. There were twenty-five circular stains, 1/8 inch in diameter, on the carpet close to the door that lead out to the dining room. Client #1 was interviewed on 8/30/12 at 6:55 AM and client #1 stated the foot long stain was a "poop" stain. Interview on 8/30/12 at 6:56 AM with the resident manager was conducted. The resident manager indicated client #3 had been having accidents after he had medication changes 2 weeks ago. Interview on 8/30/12 at 1:00 PM with	W0104	The carpets will be cleaned on 9/21/12. The staff were retrained on their cleaning duties and reporting needed repairs/maintenance to management in a timely manner. The House Manager is responsible for scheduling routine household maintenance (ie. carpet cleaning, insect spraying, etc). The Social Service Coordinator will complete inspections of the houses on a quarterly basis looking for areas that need improvements/repair/maintenanc e.The corrective actions were completed and in place on September21, 2012.	09/21/2012

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	QDDP #1 and QDDP #2 (Qualified Developmental Disabilities Professional) was conducted. QDDP #1 indicated the carpet was cleaned quarterly and they were waiting until the painting was done in the home. QDDP #2, who was in training, indicated she didn't know how often but indicated it should be due within the next month. 9-3-1(a)			

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W0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to implement its abuse/neglect by not providing evidence the administrator was notified in 1 of 4 incidents at the group home regarding client to client physical aggression. Findings include: Review on 8/29/12 at 2:10 PM of the BDDS incident reports included the following incident: On 5/5/12, client #7 "was listening to his CD player. He got mad and said [client #3] was being rude. [Client #7] pinched [client #3] on the right upper arm and smacked him on the lower back on the way to his bedroom." The report indicated client #3 "was checked for injuries. He had a quarter size bruise on his right upper arm." There was no evidence during record review to indicate when this incident was reported to the administrator. Review on 8/29/12 at 2:30 PM of the "Neglect, Battery and Exploitation of Individuals" dated 3/08, and indicated "It is the responsibility of any employee who possesses knowledge of an alleged case of neglect, battery, exploitation of a person,	W0149	The Neglect, Battery and Exploitation of Individuals policy was reviewed with the QDDP and direct care staff on 09/19/12. The QDDP was trained on the "Investigation of Injury" form to be used for allegations,injuries and other investigatory purposes. The investigation form includes a place that states "administrator notified". The QDDP understands that incident reports must be submitted within 24 hours and reported to the administrator. BDDS reports are shared agency wide to ensure proper communication. The corrective actions were completed and in place on September 21, 2012.	09/21/2012

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	or psychological abuse to report it immediately, verbally and in writing, to the President or if the President is unavailable, the Senior Vice President. . . ." Review on 8/30/12 at 1:10 PM of the Incident & Illness reports (I & I) was conducted. There was no I & I to correspond with the BDDS report mentioned above to indicate when it was witnessed or reported to the administrator. Interview on 8/30/12 at 1:10 PM with QDDP #1 (Qualified Developmental Disabilities Professional) was conducted. QDDP #1 indicated an allegation of abuse/neglect should be reported to the administrator within 24 hours if it is just a bruise and not abuse. 9-3-2(a)			

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W0153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to report to BDDS (Bureau of Developmental Disabilities Services) timely 1 of 4 incidents at the group home regarding client to client physical aggression in accordance with State law, and failed to provide evidence the administrator had been notified. Findings include: Review on 8/29/12 at 2:10 PM of the BDDS incident reports included the following incident: On 5/5/12, client #7 "was listening to his CD player. He got mad and said [client #3] was being rude. [Client #7] pinched [client #3] on the right upper arm and smacked him on the lower back on the way to his bedroom." The report indicated client #3 "was checked for injuries. He had a quarter size bruise on his right upper arm." This report was reported to BDDS on 5/7/12. There was no evidence during record review to indicate when this incident was reported to the administrator or why it was not reported to BDDS within 24	W0153	Direct care staff was retrained on 9-19-12 that they are to notify a supervisor immediately when an injury occurs during client to client aggression. Staff will complete the accident form indicating the location, size, etc of the injury. When a significant behavior occurs, staff completes a CBIR form and routes to the QDDP and VP Residential Services for review. The QDDP will investigate all injuries/incidents and complete a BDDS report within 24 hours. The QDDP will notify the VP of Residential Services. The QDDP will complete a thorough investigation. The"investigation" form will be attached to the accident/incident and/or the BDDS report. Per state guidelines and agency policy, abuse/neglect/exploitation and client to client aggression is also reported to APS. BDDS reports are shared agency wide to ensure proper communication. Families/Guardians are notified of all BDDS reportable incidents. All Direct Care Staff attend the agency wide BDDS reportable guidelines training annually in addition to their individual group	09/21/2012

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	hours of the incident. Review on 8/30/12 at 1:10 PM of the Incident & Illness reports (I & I) was conducted. There was no I & I to correspond with the BDDS report mentioned above to indicate when it was witnessed or reported to the administrator. Interview on 8/30/12 at 1:10 PM with QDDP #1 (Qualified Developmental Disabilities Professional) was conducted. QDDP #1 indicated a client to client physical aggression incident was to be reported within 24 hours. QDDP #1 indicated it should be reported to the administrator within 24 hours if it is just a bruise and not abuse. 9-3-2(a)		home trainings. The Elder JusticeAct guidelines are posted in the group home for staff to review. The corrective actions were completed and in place on September21, 2012.	

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W0227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #3) by not including dental recommendations into their program plan goals. Findings include: Review on 8/30/12 at 11:05 AM of client #1's records was conducted. Client #1's dental exam dated 3/13/12 indicated client #1 needed to brush his lower anterior and upper right molar "better." Client #1's ISP (Individual Support Plan) dated 6/6/12 included a toothbrushing goal but did not include these specific recommendations from the dentist. Review on 8/30/12 at 12:05 PM of client #3's records was conducted. Client #3's dental exam dated 5/24/12 indicated client #3 had "heavy deposit" and he needed to brush gums and teeth two times daily and floss one time daily "if possible." Client #3's ISP dated 6/6/12 included a tooth brushing goal but did not include the specific dental recommendation of flossing his teeth one	W0227	Client #1 and Client #3 have revised oral hygiene goals. The QDDP will review the physician statements and communicate with the nurse after appointments to ensure that we are following Dr. orders. The Periodic Service Review, which is completed quarterly by the Residential Coordinator, reviews goals to see that they match all recommendations. The corrective actions were completed and in place on September 21, 2012.	09/21/2012

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	time daily. Interview on 8'/30/12 at 1:20 PM with QDDP #1 and QDDP #2 was conducted. They both indicated a dental recommendation should be included in a client's goal. 9-3-4(a)			

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W0454	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who resided in the home, by not ensuring client #2 threw away her bloodied test strip into a secured container, and not ensuring client #2 sanitized her hands after using the test strip to test her blood sugar, wiping off the blood with a paper towel, and after giving herself insulin, before eating her breakfast. Findings include: Observations were conducted at the group home where clients #1, #2, #3, #4, #5, #6, #7, and #8 resided, on 8/30/12 from 6:32 AM to 8:00 AM. At 7:10 AM, client #2 used a test strip and accucheck to test her blood sugar. Afterwards, client #2 wiped off the blood on her finger with a paper towel and threw it and the bloody test strip into the open trash can, which clients #1, #2, #3, #4, #5, #6, #7, and #8 had access to, in the med (medication) room. Client #2 gave herself a shot of 15 units of Humalog (insulin for diabetes). After client #2 disposed of the needle in the sharps container, she did not sanitize her hands. Client #2 proceeded to go in the	W0454	Staff were retrained on 9/19/12 on proper diabetic handling procedures. If client does not initiate on her own, staff will direct client #2 to throw her contaminated insulin strip into the Sharp's container. Additionally, when Client #2 has finished checking her blood sugar, given herself an insulin shot, or any other diabetic related activity, she will immediately be directed to sanitize her hands with sanitizer or wash them with soap. The House Manager and Nurse will observe random med passes to ensure staff are following Med Core A&B procedures in addition to proper health and safety guidelines. The corrective actions were completed and in place on September 21, 2012.	09/21/2012

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	kitchen, get down two bowls and made eggs in one and poured cereal in the other. Client #2 got out a measuring cup and silverware. Client #2 sat down and ate her breakfast without sanitizing her hands after testing her blood sugar and giving herself a shot of insulin. Interview on 8/30/12 at 1:05 PM with QDDP #1 and QDDP #2 (Qualified Developmental Disabilities Professional) was conducted. QDDP #1 indicated client #2 should have thrown the bloody test strip into the sharps container. QDDP #2 indicated if client #2 did not use an alcohol swab, she then should have used hand sanitizer or washed her hands after testing her blood sugar and giving herself insulin. 9-3-7(a)			